

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019521

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 353

Primary Registration District No. 3099

Registrar's No. 108

F

LED MAY 29 1962

1. PLACE OF DEATH

a. COUNTY

Linn

b. CITY (If outside corporate limits, give TOWNSHIP only)

Brookfield Township

Length of stay in 1b

4.5 years

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION

Wentz Road R. 3. D. # 2

Inside Limits

Yes ☒ No ☐

c. CITY OR TOWN

Brookfield

d. STREET ADDRESS (If outside, give location)

Wentz Road R. 3. D. # 2

Inside Limits

Yes ☐ No ☒

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

First

Middle

Last

LOUIS LADISLAUS MROGENSKI

4. DATE OF DEATH

Month

Day

Year

May 17, 1962

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1/13/1879

9. AGE (last birthday)

83

10. UNDER 1 YEAR

Months 4 Days 4 Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farming

10b. KIND OF BUSINESS OR INDUSTRY

General Farming

11. BIRTHPLACE (City and state or country)

Brookfield Poland

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John Mrogencki

13b. MOTHER'S MAIDEN NAME

Cecelia Iuljieski

14. NAME OF HUSBAND OR WIFE

Susie Mrogencki

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Paul Mrogencki, Brookfield, Mo.

18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Uremia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Blackening of Urterus due to administration of penicillin

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Congestive heart failure

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5-1-62 to 5-17-62 and last saw her alive on 5-17-62. Death occurred at 1045 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

R. W. Bohman M.D.

Brookfield Mo.

5/18/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

May 19, 1962

23c. NAME OF CEMETERY OR CREMATORY

St. Michael Cemetery

23d. LOCATION (City, town, or county)

Brookfield, Missouri

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Hill Funeral Home, Brookfield, Missouri May 19, 1962

Anna Watson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DOCUMENT

DATE AMENDED

VS 300
Rev. 4/59

1 0580

2 0580

3

4 0

5 1

6

7 2

8 2

9 177X

10

11

12 90-0

13 2-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

B. J. Lindley

Licensed Embalmer No. *4822*

P. O. Address

Chillicothe Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.